PMH4

ADHERENCE TO ANTIDEPRESSANTS IS ASSOCIATED WITH LOWER MORTALITY: A FOUR-YEAR POPULATION-BASED COHORT STUDY

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OBJECTIVES: Despite the growing use of antidepressants (AD) and the potential grave consequences of inadequate treatment, little is known about the impact of adherence to AD treatment on mortality in the general population. This study aimed to evaluate the association between adherence to AD and all-cause mortality in a population-based cohort. **METHODS:** Data were extracted from the electronic medical database of the largest health provider in Israel, covering 53% of Israel's population, and a total of 251,746 patients were included who had purchased AD at least once and were older than 40 years of age, between 2008-2011. Adherence was measured as mean possession ratio (duration of supplied AD divided by duration of prescribed AD) and was modeled as a four level variable: non-adherence (<20%), poor (20%-50%), moderate (50% - 80%), and good (>80%) adherence. We used survival analyses and included demographic and clinical variables to determine the adjusted association between AD adherence and mortality **RESULTS:** The poor, moderate and good adherence groups had adjusted mortality hazard ratios of 0.93 [95% Confidence interval (CI): 0.89 to 0.97], 0.83 [95% CI: 0.79 to 0.86] and 0.88 [95% CI: 0.85 to 0.91], respectively, with corresponding p-values <0.0001 for all comparisons, compared to the non-adherent group. **CONCLUSIONS:** Adherence to AD, even at low levels, is associated with a corresponding decrease in the risk of mortality, controlling for relevant covariates. Physicians from all disciplines should actively improve their patients' adherence to AD since their persistent use is associated with increased survival.

PMH5

FINDINGS OF A RETROSPECTIVE STUDY ON FACTORS RESPONSIBLE FOR DEPRESSION IN INDIA

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OBJECTIVES: Depression is a leading cause of morbidity and disability worldwide. The factors responsible for the prevalence of depression vary across countries and cultures. This study was aimed to provide data on the prevalence of depression and the possible risk factors responsible for its prevalence in Haryana State, India. **METHODS:** A retrospective evaluation of the medical records was carried out at the psychiatric units of three different district government hospitals from September 2010 till August 2013. The data was analyzed by using the statistical software, SPSS version 13®. **RESULTS:** The medical records of a total of 4512 patients with a confirmed diagnosis of depression were evaluated. The prevalence of depression was found to be significant among females (χ^2 = 32.9, df = 1, p<0.001), as a majority (58 %) of the patients were females. In terms of ethnicity, seventy-eight percent patients were Hindus and mainly belonging to lower castes of community and other backward classes. However, in terms of age, majority, 1714 (38%) were over 50 years of age (χ^2 = 38.78, df = 1, p<0.0001). Whilst evaluating the risk factors for depression, social problems and medical complications were the most common identified stressors during patient evaluation. Marital and family problems, followed by relationship/childhood problems and death of loved ones, were the frequent risk factors identified among females. However, financial and job related problems were the most common stressors identified among males. Among medical complications, hypertension was most frequent **CONCLUSIONS:** Overall, the findings demonstrated a high rate of depression among people of low socioeconomic status and aged patients with medical complications.

PMH6

EVOLUTION OF DISEASE OUTCOMES IN SCHIZOPHRENIA: RESULTS FROM THE "COHORT FOR THE GENERAL STUDY OF SCHIZOPHRENIA (CGS)" WITH 3 YEARS OF FOLLOW-UP

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OBJECTIVES: To describe the evolution and effect of prognostic factors on psychiatric hospitalization rates in schizophrenia patients over 3 years using the Cohort for the General study of Schizophrenia (CGS), a cohort established to provide a better understanding of schizophrenia outcomes and epidemiology in France. **METHODS:** Between 2005-2011, 96 psychiatric centers recruited 1,388 patients meeting the following criteria: aged 15-65 years, DSM-IV criteria for schizophrenia, and treated as outpatients or hospitalized ≤ 3 months. Data on sociodemographics, body mass index (BMI), comorbidities, psychotropic treatments, disease severity as per Clinical Global Impression [CGI] scores, Brief Psychiatric Rating Scale, Global Assessment of Functioning scale, suicidality risk and suicide, were collected at baseline and semi-annually. Crude psychiatric hospitalization rates per 100 person-years were calculated yearly and over 3 years of follow-up. **RESULTS:** At cohort entry, mean age was 38.7 years, 68.9% were men, average maximum CGI score was 5.8, and 46.1% were hospitalized in the past year. During follow-up, somatic comorbidities (cardiovascular, endocrine, and respiratory) were stable at < 5%. Mean BMI was 25.3 at cohort entry and after 3 years. Hospitalization rates were: 53.8 (95% CI: 49.9-57.8) the first year, 54.8 (95% CI: 50.5-59.4) the second year, and 52.9 (95% CI: 48.5-57.6) the third year. By age group, 3-year hospitalization rates followed a bimodal distribution: 80.3 among patients aged 15-24 years, 58.9 for patients aged 25-34 years, 45.1 for patients aged 35-44 years, 59.0 for patients aged 45-54 years, and 39.1 for patients ≥55 years. Rates were associated with higher baseline CGI scores (82.7 for a score of 7 [highest score]), appointed legal guardianship (69.4), and moderate or high suicide risk (100.3 and 99.6, respectively). **CONCLUSIONS:** Comorbidities, BMI, disease severity, and hospitalizations rates were stable over 3 years of follow-up for schizophrenia patients, an important finding for burden of schizophrenia disease assessment.

PMH7

COMPARING THE INFLUENCE OF MONTH OF BIRTH AND GENDER IN TWO ACADEMIC YEARS ON ATTENTION DEFICIT HYPERACTIVITY DISORDER DIAGNOSES (ADHD) AMONG CHILDREN IN THE HEALTH IMPROVEMENT NETWORK (THIN) UK DATA

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OBJECTIVES: Long-term costs follow a diagnosis of ADHD; therefore it is important to examine factors influencing diagnosis. This study determines the prevalence of ADHD among children according to month of birth and gender across two academic years. **METHODS:** Children aged 5-15 years in the academic years Sep 2010-Aug 2011 (Year 1) and Sep 2011-Aug 2012 (Year 2) in The Health Improvement Network (THIN) were assessed for ADHD using diagnoses and prescriptions. Percentages were calculated and differences across month of birth assessed using chi squared tests for trend. Children with later months of birth (Mar-Aug) were compared to earlier months of birth (Sep-Feb), and males to females using relative risks (RR). **RESULTS:** 436,299 children in Year 1 and 398,718 in Year 2 were included with 0.75% and 0.76% diagnosed with ADHD respectively. There was evidence at the 5% level of an increasing trend in ADHD prevalence in both academic years (p<0.001, p=0.005 in Year 1, Year 2 respectively). Younger children were 14% more likely (RR=1.14, 95% CI 1.07-1.23) in Year 1 and 12% more likely (RR=1.12 95% CI 1.04-1.20) in Year 2 to have ADHD than older children. Males were around five times more likely to have an ADHD diagnosis in both years (RR=5.00 95% CI 4.56-5.49, RR=4.92 95% CI 4.47-5.42 in Year 1, Year 2 respectively). **CONCLUSIONS:** There was good agreement across academic years both in the percentage with ADHD diagnosis, and the increasing trend through the academic year. Younger children were more likely to be diagnosed with ADHD than their older peers. This may partly be due to them appearing to lack the maturity of their older classmates. Males were more likely to have an ADHD diagnosis than females in both years. Further work could assess the differences in different age groups and be extended to include other conditions.

PMH8

RISK OF DEMENTIA ASSOCIATED WITH THE USE OF PAROXETINE AMONG THE ELDERLY NURSING HOME PATIENTS WITH DEPRESSION

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OBJECTIVES: According to 2013 American Geriatrics Society Updated Beers Criteria, paroxetine has strong anticholinergic properties than other Selective Serotonin Reuptake Inhibitors (SSRIs). Such anticholinergic effects may lead to adverse cognitive outcomes. This study examined the risk of dementia associated with the use of paroxetine versus other SSRIs. **METHODS:** A retrospective cohort study was conducted using 2007-2010 Medicare claims data, and included nursing home residents > 65 years with depression. The study focused on incident SSRI users who did not have dementia in 2007 (baseline). Patients were included if they had continuous coverage for Medicare Parts A, B and D and no HMO coverage during the one year baseline and 2 years of follow up or until death. The primary outcome of this study was time to dementia diagnosis. SSRIs were classified as paroxetine and others. Cox proportional hazards regression was conducted to evaluate the risk of dementia with the use of paroxetine versus other SSRIs. **RESULTS:** The study cohort consisted of 19,050 elderly nursing home residents with depression. Among SSRI users, 1,716 (9.01%) received paroxetine and 17,334 (90.99%) received others. Since proportional-hazard assumption was violated, the extended Cox hazard model involving Heaviside function was used to evaluate the dementia risk. The extended model revealed that paroxetine users had 66% [Hazards Ratio, HR, 1.66; 95% Confidence Interval (CI), 1.03-2.67] higher risk for dementia than other SSRIs users after 390 days of treatment. However, the dementia risk did not vary within 390 days of SSRI use. Other factors positively associated with dementia risk were age, male gender, and non-White race. **CONCLUSIONS:** Paroxetine use was associated with a time-varying increase in risk of dementia among depressed elderly nursing home residents. There is a need to optimize anticholinergic medication use in this population as depression is an independent risk factor for dementia.

PMH9

THE EFFECT OF LURASIDONE ON FUNCTIONAL REMISSION AMONG PATIENTS WITH BIPOLAR DEPRESSION

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OBJECTIVES: Bipolar depression is characterized by depressive symptoms and impairment in many areas of functioning, including work, family, and social life. There is continuing need for treatment options that provide remission in symptoms and functioning. The efficacy of lurasidone on symptom remission of bipolar depression has been demonstrated previously. The objective of this study was to assess the effect of lurasidone on functional remission. **METHODS:** Post-hoc analysis of a 6-week, randomized, double-blind, placebo-controlled clinical trial of lurasidone (20–60 mg or 80-120 mg) versus placebo was conducted. Functioning was measured using the Sheehan Disability Scale (SDS), a validated patient-reported outcome measure assessing functioning in terms of work/school, family, and social life (higher scores indicate lower functioning). Functional remission (defined as SDS total score ≤6) was compared between lurasidone and placebo groups using logistic regressions. **RESULTS:** In this 6-week trial (N=485), few participants were in functional remission at baseline (1.7%). The mean change in SDS total score from baseline to study endpoint was -10.4 (SD = 7.49) in the lurasidone group and -7.1 (SD = 8.27) in the placebo group. A greater percentage of participants on lurasidone achieved functional remission in comparison to placebo (40.9% vs. 25.5%, p=0.01)

at week 6; the functional remission rate was similar for participants receiving lurasidone 20-60 mg and lurasidone 80-120 mg group (41.1% and 40.6%, respectively). Controlling for baseline SDS total score and study center, the adjusted odds ratio for functional remission among participants receiving lurasidone versus placebo was 3.96 (p<0.01, 95% CI [1.72, 9.13]) in the 20-60 mg lurasidone group and 2.46 (p=0.52, 95% CI [1.12 - 5.43]) in the 80-120 mg lurasidone group. **CONCLUSIONS:** This post-hoc analysis of a lurasidone pivotal trial showed statistically significant improvement in functional remission within 6-week study duration among patients with bipolar depression treated with lurasidone compared to placebo.

PMH10

SYSTEMATIC REVIEW OF LONG-ACTING INJECTABLES (LAI) VERSUS ORAL ATYPICAL ANTIPSYCHOTICS (OA) ON HOSPITALIZATION IN SCHIZOPHRENIA

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OBJECTIVES: The current study aimed at assessing the impact of LAIs versus OAs on hospitalizations among patients with schizophrenia by conducting a thorough systematic review of studies with different study designs and performing a meta-analysis. **METHODS:** Using the PubMed database and major psychiatric conference proceedings, a systematic literature review for 01/2000–07/2013 was performed to identify English-language studies evaluating schizophrenia patients treated with atypical antipsychotics. Studies reporting hospitalization rates as a percentage of patients hospitalized or as the number of hospitalizations per-person per-year were selected. A meta-analysis of the percentage decrease in hospitalization rates from baseline during treatment was conducted as a primary analysis. The secondary analysis was a meta-analysis of the absolute rate of hospitalization during follow-up. Pooled treatment-effect estimates were calculated using random-effect models. To account for differences in patient and study-level characteristics between studies, meta-regression analyses were used. Subset analyses further explored the heterogeneity across study designs. No adjustment was made for multiplicity. **RESULTS:** Fifty-eight studies evaluating 25 arms (LAIs: 13 arms, 4,516 patients; OAs: 12 arms, 23,516 patients) in the primary analysis and 78 arms (LAIs: 12 arms, 4,481 patients; OAs: 66 arms, 96,230 patients) in the secondary analysis were identified. Reduction in hospitalization rates for LAIs was 20.7 percentage points higher than that of OAs (random-effect estimates: LAIs=56.2% vs OAs=35.5%, P=0.023). Controlling for patient and study characteristics, the adjusted percentage reduction in hospitalization rates for LAIs was 26.4 percentage points higher than for OAs (95%CI: 3.3-49.5, P=0.027). As for the secondary analysis, no significant difference between LAIs and OAs was observed (random-effect estimate: -8.6, 95%CI: -18.1-1.0, P=0.077). Subset analyses across type of study yielded consistent results. **CONCLUSIONS:** Results of this meta-analysis including studies with both interventional and non-interventional designs and using meta-regressions, suggest that LAIs significantly reduce hospitalization rates for schizophrenia patients compared to OAs.

PMH11

THE TRADEOFF BETWEEN INTERNAL AND EXTERNAL VALIDITY IN COMPARING THE EFFECTIVENESS OF TRANSCRANIAL MAGNETIC STIMULATION (TMS) WITH ANTIDEPRESSANT DRUG THERAPY IN THE TREATMENT OF MAJOR DEPRESSION USING PROPENSITY SCORE METHODS

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OBJECTIVES: Transcranial magnetic stimulation (TMS) is FDA cleared for use in pharmacoresistant depression. Two sham-controlled trials have confirmed its efficacy and safety. However, TMS has not been directly compared to pharmacotherapy. Propensity score matching was used to compare the effectiveness of TMS to pharmacotherapy. Prospectively collected data from a pragmatic study of 305 patients treated in routine practice with TMS were matched to patients from the Sequenced Treatment Alternatives to Relieve Depression (STAR*D) study. **METHODS:** TMS patients were propensity-score matched to STAR*D patients on baseline characteristics using a 1:1 greedy matching algorithm. An unequal drug resistance distribution in the two populations allowed only 222 patients to match well on the first attempt. A subsequent re-matching of the remaining TMS subjects to the full STAR*D control population was performed to produce a complete match. This "double-dipping" approach enabled a successful complete match for all 305 TMS patients. **RESULTS:** The matched STAR*D and TMS populations were similar at baseline. QIDS-SR outcomes at 6 weeks showed that the TMS group had a greater clinical improvement (P<0.0001). At 6-weeks 53% of TMS patients had no or mild depression versus 38% for STAR*D (p=0.0023). Sensitivity analysis was used to estimate the potential effects of any remaining selection biasing factors, and confirmed an unlikely impact on results. **CONCLUSIONS:** The varying distribution of the severity of baseline treatment resistance between the TMS and STAR*D populations made it impossible to achieve a complete match in the first matching attempt. Subsequent, "double-dipping" allowed tight matching on baseline variables. We accepted the risk to internal validity posed by the remaining selection bias or confounding and the small impact to variability due to non-independence, in exchange for gaining an increased external validity for this difficult to match group. Matching hard-to-match groups requires a trade-off between risks to internal and external validity.

PMH12

BENEFITS OF A PATIENT-ASSISTED MEDICATION ADHERENCE PROGRAM FOR LONG-ACTING INJECTABLE RISPERIDONE ON HIGH-COST OUTCOMES IN SCHIZOPHRENIA

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OBJECTIVES: Poor adherence to antipsychotics in schizophrenia is common and associated with increased hospitalization risk, a key driver of increased costs of care. The objective was to evaluate the effectiveness of a patient-assisted medication adherence program (PAMAP) on psychiatric hospitalization rates among schizophrenia patients treated with long-acting injectable risperidone (RLAI). **METHODS:** Between 2009-2010, patients aged 18-65 years meeting DSM-IV criteria for schizophrenia and treated with RLAI were recruited from 36 centers in France and followed for 1 year. The PAMAP consisted of calling patients 48 hours prior their scheduled RLAI injections and within 3 days of a missed appointment. Adherent centers applied PAMAP to ≥50% of injections. Adherent patients received ≥ 80% of their injections within 5 days of the scheduled date. Otherwise, patients and centers were non-adherent. Poisson regression was used to derive rate ratios (RR) comparing psychiatric hospitalization rates among adherent and non-adherent patients and centers. Propensity scores were used to derive adjusted RRs. **RESULTS:** Of 506 recruited patients, 95.7% were followed up to 1 year (average age: 38.7; 64.6% males; 60.4% hospitalized in the previous year). Overall hospitalization rate over follow-up was 32.5 per 100 person-years. Fifteen centers treating 243 patients and 21 centers treating 263 patients were adherent and non-adherent, respectively. Lower hospitalization rates were associated with PAMAP (crude RR: 0.64 [95% CI: 0.44-0.93]; adjusted RR: 0.78 [95% CI: 0.47-1.27]). Nearly 75% of patients were adherent but adherence was not associated with disease severity nor with reduced hospitalization rates. The effect of PAMAP on hospitalizations rates was greater among non-adherent (adjusted RR: 0.45 [95% CI: 0.16-1.28]) than adherent patients (adjusted RR: 0.88 [95% CI: 0.51-1.53]). **CONCLUSIONS:** Adherence among schizophrenia patients partaking in a PAMAP for RLAI was high. PAMAP may reduce psychiatric hospitalization risk for schizophrenia patients with problems adhering to long-acting injectable antipsychotics treatment regimens.

PMH13

EVALUATING THE IMPACT OF CANNABIS USE ON METABOLIC SYNDROME USING DATA FROM THE CONTINUOUS NATIONAL HEALTH AND NUTRITION EXAMINATION SURVEY

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OBJECTIVES: Cannabis is the most commonly used illicit substance in the United States. Usage rates have climbed in recent years, underscoring the need for knowledge regarding the effects of cannabis use on factors associated with chronic health problems, such as heart disease and diabetes mellitus. Some studies suggest that cannabis use is associated with improvements in weight, BMI, and insulin resistance. **METHODS:** Data on 4,267 persons from Continuous National Health and Nutrition Examination Survey (NHANES) from 2005 to 2010 was used to explore the relationship between cannabis use and factors of metabolic syndrome, including fasting insulin, glucose, insulin resistance, hemoglobin A1c, triglycerides, HDL cholesterol, BMI, waist circumference, and blood pressure. These relationships were first estimated with ordinary least squares (OLS) models. Next, instrumental variables (IV) methods were utilized to test and account for the potential endogeneity of cannabis use in the models. The first IV models used sexual behavior variables as instruments for past and current use of cannabis. The second used past cannabis use as an instrument for current use. **RESULTS:** OLS models show lower fasting insulin, insulin resistance, BMI, and waist circumference in past cannabis users compared to individuals who reported never having used cannabis. In the first IV model, the coefficients on cannabis use are mostly non-significant. When past cannabis use is an instrument for current use, the results for fasting insulin, insulin resistance, and fasting glucose are significant in the opposite direction from the OLS results. Durbin-Watson-Hausman tests provide evidence of endogeneity of cannabis use for some outcomes. **CONCLUSIONS:** Models of the relationship between cannabis and health should account for endogeneity. Results of two-stage least squares estimation are inconsistent with OLS results, challenging the robustness of findings that indicate a positive relationship between cannabis use and fasting insulin, insulin resistance, BMI, and waist circumference.

PMH14

RISK OF PSYCHOSEXUAL DYSFUNCTION BETWEEN USERS OF SELECTIVE SEROTONIN REUPTAKE INHIBITORS AND SEROTONIN NOREPINEPHRINE REUPTAKE INHIBITORS

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OBJECTIVES: Newer antidepressants selective serotonin reuptake inhibitors (SSRIs) and serotonin norepinephrine reuptake inhibitors (SNRIs) are the most commonly prescribed antidepressants. This is due mostly to their better side effect profile when compared to older drugs like tricyclic antidepressants (TCAs). However these classes are not completely bereft of side effects. Psychosexual dysfunction is a condition that occurs commonly among depressed patients. It has been shown to be associated with antidepressant. The objective of our study is to compare the incidence of psychosexual dysfunction between TCAs, SSRIs, and SNRIs. **METHODS:** We used a cohort study design in an administrative claims database (2006-2013 Lifelink claims data) to compare the incidence of psychosexual dysfunction in TCAs, SSRIs, and SNRIs. Incidence was reported per 10,000 person-years. The Cox proportional hazard model was used to assess the risk of adverse events while adjusting for potential confounders. **RESULTS:** A total of 269489 patients with an incident prescription for a TCA, SSRIs or SNRIs were identified and met the study inclusion criteria. They constituted a total of 682,657 person years. The unadjusted hazard ratio of incidence of psychosexual dysfunction in patients on SNRIs compared to SSRIs was 1.625 (1.506-1.755). The results were consistent after adjusting for various covariates using the Cox proportional hazards model. The hazard ratio for the full model was 1.429 (1.323-1.545) and for the reduced model with covariates identified using stepwise regression was 1.431(1.325-1.546). The directionality of covariates adjusted for in the analysis was consistent with current literature. **CONCLUSIONS:** SNRIs were associated with a greater risk of psychosexual dysfunction than SSRIs.